

110TH CONGRESS
1ST SESSION

S. 1452

To amend the Public Health Service Act to establish a national center for public mental health emergency preparedness, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 22, 2007

Mrs. CLINTON (for herself and Mr. DOMENICI) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to establish a national center for public mental health emergency preparedness, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Public Mental Health
5 Emergency Preparedness Act of 2007”.

6 **SEC. 2. NATIONAL CENTER FOR PUBLIC MENTAL HEALTH**
7 **EMERGENCY PREPAREDNESS.**

8 (a) **TECHNICAL AMENDMENTS.**—The second part G
9 (relating to services provided through religious organiza-

1 tions) of title V of the Public Health Service Act (42
2 U.S.C. 290kk et seq.) is amended—

3 (1) by redesignating such part as part J; and

4 (2) by redesignating sections 581 through 584
5 as sections 596 through 596C, respectively.

6 (b) NATIONAL CENTER.—Title V of the Public
7 Health Service Act (42 U.S.C. 290aa et seq.), as amended
8 by subsection (a), is further amended by adding at the
9 end the following:

10 **“PART K—NATIONAL CENTER FOR PUBLIC**
11 **MENTAL HEALTH EMERGENCY PREPAREDNESS**
12 **“SEC. 599. NATIONAL CENTER FOR PUBLIC MENTAL**
13 **HEALTH EMERGENCY PREPAREDNESS.**

14 “(a) IN GENERAL.—

15 “(1) DEFINITION.—

16 “(A) IN GENERAL.—For purposes of this
17 part, the term ‘emergency health professionals’
18 means—

19 “(i) mental health professionals, in-
20 cluding psychiatrists, psychologists, social
21 workers, counselors, psychiatric nurses,
22 psychiatric aides and case managers, group
23 home staff, and those mental health pro-
24 fessionals with expertise in psychological
25 trauma and issues related to vulnerable

populations such as children, older adults, caregivers, individuals with disabilities, pre-existing mental health and substance abuse disorders, and individuals living in poverty;

“(ii) public health and healthcare professionals, including skilled nursing and assisted living professionals; and

“(iii) emergency services personnel such as police, fire, and emergency medical services personnel.

“(B) COORDINATION.—In conducting activities under this part, emergency health professionals shall coordinate with—

“(i) county emergency managers;

“(ii) school personnel such as teachers, counselors, and other personnel;

“(iii) spiritual care professionals;

“(iv) other disaster relief personnel;

and

“(v) State and local government officials that are responsible for emergency preparedness.

“(2) ESTABLISHMENT.—The Secretary, in consultation with the Director of the Centers for Dis-

ease Control and Prevention, shall establish the National Center for Public Mental Health Emergency Preparedness (referred to in this part as the ‘NCPMHEP’) to address mental health concerns and coordinate and implement the development and delivery of mental health services in conjunction with the entities described in subsection (b)(2), in the event of bioterrorism or other public health emergency.

“(3) LOCATION; DIRECTOR.—

“(A) IN GENERAL.—The Secretary shall offer to award a grant to an eligible institution to provide the location of the NCPMHEP.

“(B) ELIGIBLE INSTITUTION.—To be an eligible institution under subparagraph (A), an institution shall—

“(i) be an academic medical center or similar institution that has prior experience conducting statewide training, and has a demonstrated record of leadership in national and international forums, in public mental health emergency preparedness, which may include disaster mental health preparedness; and

1 “(ii) submit to the Secretary an appli-
2 cation at such time, in such manner, and
3 containing such information as the Sec-
4 retary may require.

5 “(C) DIRECTOR.—The NCPMHEP shall
6 be headed by a Director, who shall be appointed
7 by the Secretary (referred to in this part as the
8 ‘Director’) from the eligible institution to which
9 the Secretary awards a grant under subpara-
10 graph (A).

11 “(b) DUTIES.—The NCPMHEP shall—

12 “(1) prepare the Nation’s emergency health
13 professionals to provide mental health services in the
14 aftermath of catastrophic events, such as bioter-
15 rorism or other public health emergencies, that
16 present psychological consequences for communities
17 and individuals, including vulnerable populations
18 such as children, individuals with disabilities, indi-
19 viduals with preexisting mental health problems (in-
20 cluding substance-related disorders), older adults,
21 caregivers, and individuals living in poverty;

22 “(2) coordinate with existing mental health pre-
23 paredness and service delivery efforts of—

24 “(A) Federal agencies (such as the Na-
25 tional Disaster Medical System, the Medical Re-

1 serve Corps, the Substance Abuse and Mental
2 Health Services Administration (including the
3 National Child Traumatic Stress Network), the
4 Administration on Aging, the National Institute
5 of Mental Health, the National Council on Dis-
6 abilities, the Administration on Children and
7 Families, the Department of Defense, the De-
8 partment of Veterans Affairs (including the Na-
9 tional Center for Post Traumatic Stress Dis-
10 order), and tribal nations);

11 “(B) State agencies (such as the State
12 mental health authority, office of substance
13 abuse services, public health authority, depart-
14 ment of aging, the office of mental retardation
15 and developmental disabilities, agencies respon-
16 sible rehabilitation services);

17 “(C) local agencies (such as county offices
18 of mental health and substance abuse services,
19 public health, child and family community-
20 based services, law enforcement, fire, emergency
21 medical services, school districts, Aging Services
22 Network, county emergency management, and
23 academic and community-based service centers
24 affiliated with the National Child Traumatic
25 Stress Network); and

1 “(D) other governmental and nongovern-
2 mental disaster relief organizations; and

3 “(3) coordinate with childcare centers, childcare
4 providers, community-based youth serving programs
5 (including local Center for Mental Health Services
6 children’s systems of care grant sites), Head Start,
7 the National Child Traumatic Stress Network, and
8 school districts to provide—

9 “(A) support services to adults and their
10 family members with mental health and sub-
11 stance-related disorders to facilitate access to
12 mental health and substance-related treatment;

13 “(B) prevention and intervention services
14 for mental health and substance-related dis-
15 orders to youth of all ages that integrate the
16 training curricula under section 599A; and

17 “(C) resources and consultation to address
18 the psychological trauma needs of the families,
19 caregivers, emergency health professionals; and
20 all other professionals providing care in emer-
21 gency situations.

22 “(c) PANEL OF EXPERTS.—

23 “(1) IN GENERAL.—The Director, in consulta-
24 tion with Federal (such as the National Association
25 of State Mental Health Program Directors, National

1 Association of County and City Health Officials, and
 2 the Association of State and Territorial Health Offi-
 3 cials), State, and local mental health and public
 4 health authorities, shall develop a mechanism to ap-
 5 point a panel of experts for the NCPMHEP.

6 “(2) MEMBERSHIP.—

7 “(A) IN GENERAL.—The panel of experts
 8 appointed under paragraph (1) shall be com-
 9 posed of individuals—

10 “(i) who are—

11 “(I) experts in their respective
 12 fields with extensive experience in
 13 public mental health emergency pre-
 14 paredness or service delivery, such as
 15 mental health professionals, research-
 16 ers, spiritual care professionals, school
 17 counselors, educators, and mental
 18 health professionals who are emer-
 19 gency health professionals (as defined
 20 in subsection (a)(1)(A)) and who shall
 21 coordinate with the individuals de-
 22 scribed in subsection (a)(1)(B); and

23 “(II) recommended by their re-
 24 spective national professional organi-

1 zations and universities to such a po-
2 sition; and

3 “(ii) who represent families with fam-
4 ily members who have mental health and
5 substance-related disorders.

6 “(B) TERMS.—The members of the panel
7 of experts appointed under paragraph (1)—

8 “(i) shall be appointed for a term of
9 3 years; and

10 “(ii) may be reappointed for an unlim-
11 ited number of terms.

12 “(C) BALANCE OF COMPOSITION.—The Di-
13 rector shall ensure that the membership com-
14 position of the panel of experts fairly represents
15 a balance of the type and number of experts de-
16 scribed under subparagraph (A).

17 “(D) VACANCIES.—

18 “(i) IN GENERAL.—A vacancy on the
19 panel of experts shall be filled in the man-
20 ner in which the original appointment was
21 made and shall be subject to conditions
22 which applied with respect to the original
23 appointment.

24 “(ii) FILLING UNEXPIRED TERM.—An
25 individual chosen to fill a vacancy shall be

1 appointed for the unexpired term of the
2 member replaced.

3 “(iii) EXPIRATION OF TERMS.—The
4 term of any member shall not expire before
5 the date on which the member’s successor
6 takes office.

7 **“SEC. 599A. TRAINING CURRICULA FOR EMERGENCY**
8 **HEALTH PROFESSIONALS.**

9 “(a) CONVENING OF GROUP.—

10 “(1) IN GENERAL.—The Director shall convene
11 a Training Curricula Working Group from the panel
12 of experts described in section 599(c) to—

13 “(A) identify and review existing mental
14 health training curricula for emergency health
15 professionals;

16 “(B) approve any such training curricula
17 that are evidence-based or emerging best prac-
18 tices and that satisfy practice and service deliv-
19 ery standards determined by the Training Cur-
20 ricula Working Group; and

21 “(C) make recommendations for, and par-
22 ticipate in, the development of any additional
23 training curricula, as determined necessary by
24 the Training Curricula Working Group.

1 “(2) COLLABORATION.—The Training Cur-
 2 ricula Working Group shall collaborate with appro-
 3 priate organizations including the American Red
 4 Cross, the National Child Traumatic Stress Net-
 5 work, the National Center for Post Traumatic Stress
 6 Disorder, and the International Society for Trau-
 7 matic Stress Studies.

8 “(b) PURPOSE OF TRAINING CURRICULA.—The
 9 Training Curricula Working Group shall ensure that the
 10 training curricula approved by the NCPMHEP—

11 “(1) provide the knowledge and skills necessary
 12 to respond effectively to the psychological needs of
 13 affected individuals, relief personnel, and commu-
 14 nities in the event of bioterrorism or other public
 15 health emergency; and

16 “(2) is used to build a trained network of emer-
 17 gency health professionals at the State and local lev-
 18 els.

19 “(c) CONTENT OF TRAINING CURRICULA.—

20 “(1) IN GENERAL.—The Training Curricula
 21 Working Group shall ensure that the training cur-
 22 ricula approved by the NCPMHEP—

23 “(A) prepares emergency health profes-
 24 sionals, in the event of bioterrorism or other
 25 public health emergency, for identifying symp-

1 toms of psychological trauma, supplying imme-
2 diate relief to keep affected persons safe, recog-
3 nizing when to refer affected persons for fur-
4 ther mental healthcare or substance abuse
5 treatment, understanding how and where to
6 refer for such care, and other components as
7 determined by the Director in consultation with
8 the Training Curricula Working Group;

9 “(B) includes training or informational
10 material designed to educate and prepare State
11 and local government officials, in the event of
12 bioterrorism or other public health emergency,
13 in coordinating and deploying mental health re-
14 sources and services and in addressing other
15 mental health needs, as determined by the Di-
16 rector in consultation with the Training Cur-
17 ricula Working Group;

18 “(C) meets the diverse training needs of
19 the range of emergency health professionals;
20 and

21 “(D) is culturally and linguistically com-
22 petent.

23 “(2) REVIEW OF CURRICULA.—The Training
24 Curricula Working Group shall routinely review ex-
25 isting training curricula and participate in the revi-

1 sion of the training curricula described under this
2 section as necessary, taking into consideration rec-
3 ommendations made by the participants of the an-
4 nual national forum under section 599D and the As-
5 sessment Working Group described under section
6 599E.

7 “(d) TRAINING INDIVIDUALS.—

8 “(1) FIELD TRAINERS.—The Director, in con-
9 sultation with the Training Curricula Working
10 Group, shall develop a mechanism through which
11 qualified individuals trained through the curricula
12 approved by the NCPMHEP return to their commu-
13 nities to recruit and train others in their respective
14 fields to serve on local emergency response teams.

15 “(2) FIELD LEADERS.—The Director, in con-
16 sultation with the Training Curricula Working
17 Group, shall develop a mechanism through which
18 qualified individuals trained in curricula approved by
19 the NCPMHEP return to their communities to pro-
20 vide expertise to State and local government agen-
21 cies to mobilize the mental health infrastructure of
22 such State or local agencies, including ensuring that
23 mental health is a component of emergency pre-
24 paredness and service delivery of such agencies.

1 “(3) QUALIFICATIONS.—The individuals se-
2 lected under paragraph (1) or (2) shall—

3 “(A) pass a designated evaluation, as de-
4 veloped by the Director in consultation with the
5 Training Curricula Working Group; and

6 “(B) meet other qualifications as deter-
7 mined by the Director in consultation with the
8 Training Curricula Working Group.

9 **“SEC. 599B. USE OF REGISTRIES TO TRACK TRAINED EMER-**
10 **GENCY HEALTH PROFESSIONALS.**

11 “(a) IN GENERAL.—The Director, in consultation
12 with the mental and public health authorities of each State
13 and appropriate organizations (including the National
14 Child Traumatic Stress Network), shall coordinate the use
15 of existing emergency registries (including the Emergency
16 System for Advance Registration of Volunteer Health Pro-
17 fessionals (ESAR–VHP)) established to track medical and
18 mental health volunteers across all fields and specifically
19 to track the individuals in the State who have been trained
20 using the curricula approved by the NCPMHEP under
21 section 599A. The Director shall ensure that the data
22 available through such registries and used to track such
23 trained individuals will be recoverable and available in the
24 event that such registries become inoperable.

1 “(b) USE OF REGISTRY.—The tracking procedure
 2 under subsection (a) shall be used by the Secretary, the
 3 Secretary of Homeland Security, and the Governor of each
 4 State, for the recruitment and deployment of trained
 5 emergency health professionals in the event of bioter-
 6 rorism or other public health emergency.

7 **“SEC. 599C. CLEARINGHOUSE FOR PUBLIC MENTAL**
 8 **HEALTH EMERGENCY PREPAREDNESS AND**
 9 **SERVICE DELIVERY.**

10 “(a) IN GENERAL.—The Director shall establish and
 11 maintain a central clearinghouse of educational materials,
 12 guidelines, information, strategies, resources, and research
 13 on public mental health emergency preparedness and serv-
 14 ice delivery.

15 “(b) DUTIES.—The Director shall ensure that the
 16 clearinghouse—

17 “(1) enables emergency health professionals and
 18 other members of the public to increase their aware-
 19 ness and knowledge of public mental health emer-
 20 gency preparedness and service delivery, particularly
 21 for vulnerable populations such as children, individ-
 22 uals with disabilities, individuals with pre-existing
 23 mental health problems (including substance-related
 24 disorders), older adults, caregivers, and individuals
 25 living in poverty; and

1 “(2) provides such users with access to a range
 2 of public mental health emergency resources and
 3 strategies to address their community’s unique cir-
 4 cumstances and to improve their skills and capac-
 5 ities for addressing mental health problems in the
 6 event of bioterrorism or other public health emer-
 7 gency.

8 “(c) AVAILABILITY.—The Director shall ensure that
 9 the clearinghouse—

10 “(1) is available on the Internet;

11 “(2) includes an interactive forum through
 12 which users’ questions are addressed;

13 “(3) is fully versed in resources available from
 14 additional Government-sponsored or other relevant
 15 websites that supply information on public mental
 16 health emergency preparedness and service delivery;
 17 and

18 “(4) includes the training curricula approved by
 19 the NCPMHEP under section 599A.

20 “(d) CLEARINGHOUSE WORKING GROUP.—

21 “(1) IN GENERAL.—The Director shall convene
 22 a Clearinghouse Working Group from the panel of
 23 experts described under section 599(c) to—

24 “(A) evaluate the educational materials,
 25 guidelines, information, strategies, resources

1 and research maintained in the clearinghouse to
2 ensure empirical validity; and

3 “(B) offer technical assistance to users of
4 the clearinghouse with respect to finding and
5 selecting the information and resources avail-
6 able through the clearinghouse that would most
7 effectively serve their community’s needs in pre-
8 paring for, and delivering mental health services
9 during, bioterrorism or other public health
10 emergencies.

11 “(2) TECHNICAL ASSISTANCE.—The technical
12 assistance described under paragraph (1) shall in-
13 clude the use of information from the clearinghouse
14 to provide consultation, direction, and guidance to
15 State and local governments and public and private
16 agencies on the development of public mental health
17 emergency plans for activities involving prepared-
18 ness, mitigation, response, recovery, and evaluation.

19 **“SEC. 599D. ANNUAL NATIONAL FORUM FOR PUBLIC MEN-**
20 **TAL HEALTH EMERGENCY PREPAREDNESS**
21 **AND SERVICE DELIVERY.**

22 “(a) IN GENERAL.—The Director shall organize an
23 annual national forum to address public mental health
24 emergency preparedness and service delivery for emer-
25 gency health professionals, researchers, scientists, experts

1 in public mental health emergency preparedness and serv-
2 ice delivery, and mental health professionals (including
3 those with expertise in psychological trauma and issues
4 related to vulnerable populations such as children, older
5 adults, caregivers, individuals with disabilities, pre-exist-
6 ing mental health and substance abuse disorders, and indi-
7 viduals living in poverty), as well as personnel from rel-
8 evant Federal (including the National Center for Post
9 Traumatic Stress Disorder), State, and local agencies (in-
10 cluding academic and community-based service centers af-
11 filiated with the National Child Traumatic Stress Net-
12 work), and other governmental and nongovernmental or-
13 ganizations.

14 “(b) PURPOSE OF FORUM.—The national forum shall
15 provide the framework for bringing such individuals to-
16 gether to, based on evidence-based or emerging best prac-
17 tices research and practice, identify and address gaps in
18 science, practice, policy, and education, make rec-
19 ommendations for the revision of training curricula and
20 for the enhancement of mental health interventions, as ap-
21 propriate, and make other recommendations as necessary.

1 **“SEC. 599E. EVALUATION OF THE EFFECTIVENESS OF PUB-**
 2 **LIC MENTAL HEALTH EMERGENCY PRE-**
 3 **PAREDNESS AND SERVICE DELIVERY EF-**
 4 **FORTS.**

5 “(a) IN GENERAL.—The Director shall convene an
 6 Assessment Working Group from the panel of experts de-
 7 scribed in section 599(c), who shall be independent from
 8 those individuals who have developed the NCPMHEP, to
 9 evaluate the effectiveness of the NCPMHEP’s efforts and
 10 those across the Federal Government in building the Na-
 11 tion’s public mental health emergency preparedness and
 12 service delivery capacity. Such group shall include individ-
 13 uals who have expertise on how to assess the effectiveness
 14 of the NCPMHEP’s efforts on vulnerable populations
 15 (such as children, older adults, caregivers, individuals with
 16 disabilities, pre-existing mental health and substance
 17 abuse disorders, and individuals living in poverty).

18 “(b) DUTIES OF THE ASSESSMENT WORKING
 19 GROUP.—The Assessment Working Group shall—

20 “(1) evaluate—

21 “(A) the effectiveness of each component
 22 of the NCPMHEP, including the identification
 23 and development of training curricula, the
 24 clearinghouse, and the annual national forum;

25 “(B) the effects of the training curricula
 26 on the skills, knowledge, and attitudes of emer-

1 agency health professionals and on their delivery
 2 of mental health services in the event of bioter-
 3 rorism or other public health emergency;

4 “(C) the effects of the NCPMHEP on the
 5 capacities of State and local government agen-
 6 cies to coordinate, mobilize, and deploy re-
 7 sources and to deliver mental health services in
 8 the event of bioterrorism or other public health
 9 emergency; and

10 “(D) other issues as determined by the
 11 Secretary, in consultation with the Assessment
 12 Working Group; and

13 “(2) submit the annual report required under
 14 subsection (c).

15 “(c) ANNUAL REPORT AND INFORMATION.—

16 “(1) ANNUAL REPORT.—On an annual basis,
 17 the Assessment Working Group shall—

18 “(A) report to the Secretary and appro-
 19 priate committees of Congress the results of the
 20 evaluation by the Assessment Working Group
 21 under this section; and

22 “(B) publish and disseminate the results of
 23 such evaluation on as wide a basis as is prac-
 24 ticable, including through the NCPMHEP
 25 clearinghouse website under section 599C.

1 “(2) INFORMATION.—The results of the evalua-
 2 tion under paragraph (1) shall be displayed on the
 3 Internet websites of all entities with representatives
 4 participating in the Assessment Working Group
 5 under this section, including the Federal agencies re-
 6 sponsible for funding the Working Group.

7 “(d) RECOMMENDATIONS.—

8 “(1) IN GENERAL.—Based on the annual re-
 9 port, the Director, in consultation with the Assess-
 10 ment Working Group, shall make recommendations
 11 to the Secretary—

12 “(A) for improving—

13 “(i) the training curricula identified
 14 and approved by the NCPMHEP;

15 “(ii) the NCPMHEP clearinghouse;
 16 and

17 “(iii) the annual forum of the
 18 NCPMHEP; and

19 “(B) regarding any other matter related to
 20 improving mental health preparedness and serv-
 21 ice delivery in the event of bioterrorism or other
 22 public health emergency in the United States
 23 through the NCPMHEP.

24 “(2) ACTION BY SECRETARY.—Based on the
 25 recommendations provided under paragraph (1), the

1 Secretary shall submit recommendations to Congress
 2 for any legislative changes necessary to implement
 3 such recommendations.

4 **“SEC. 599F. SUBSTANCE ABUSE.**

5 “For purposes of this part, where ever there is a ref-
 6 erence to providing treatment, having expertise, or provide
 7 training with respect to mental health, such reference shall
 8 include providing treatment, having expertise, or providing
 9 training relating to substance abuse, if determined appro-
 10 priate by the Secretary.

11 **“SEC. 599G. AUTHORIZATION OF APPROPRIATIONS.**

12 “There are authorized to be appropriated to carry out
 13 this part—

14 “(1) \$15,000,000 for fiscal year 2007; and

15 “(2) such sums as may be necessary for fiscal
 16 years 2008 through 2011.”.

17 **SEC. 3. DISASTER MEDICAL ASSISTANCE TEAMS.**

18 Section 2812(a) of the Public Health Service Act (42
 19 U.S.C. 300hh–11(a)) is amended by adding at the end the
 20 following:

21 “(4) DISASTER MEDICAL ASSISTANCE TEAMS
 22 AND MENTAL HEALTH PROFESSIONALS.—

23 “(A) INCLUSION OF MENTAL HEALTH PRO-
 24 FESSIONALS.—

1 “(i) IN GENERAL.—The National Dis-
 2 aster Medical System, in consultation with
 3 the National Center for Public Mental
 4 Health Emergency Preparedness (estab-
 5 lished under section 599) and the Emer-
 6 gency Management Assistance Compact,
 7 shall—

8 “(I) identify licensed mental
 9 health professionals with expertise in
 10 treating vulnerable populations, as
 11 identified under section 599(b)(1);
 12 and

13 “(II) ensure that licensed mental
 14 health professionals identified under
 15 subclause (I) are available in local
 16 communities for deployment with Dis-
 17 aster Medical Assistance Teams (in-
 18 cluding speciality mental health
 19 teams).

20 “(ii) COORDINATION.—The National
 21 Disaster Medical System shall ensure that
 22 licensed mental health professionals are in-
 23 cluded in the leadership of the National
 24 Disaster Medical System, in coordination
 25 with the National Center for Public Mental

1 Health Emergency, to provide appropriate
2 leadership support for behavioral programs
3 and personnel within the Disaster Medical
4 Assistance Teams.

5 “(B) DUTIES.—The principal duties of the
6 licensed mental health professionals identified
7 and utilized under this paragraph shall be to
8 assist Disaster Medical Assistance Teams in
9 carrying out—

10 “(i) rapid psychological triage during
11 an event of bioterrorism or other public
12 health emergency;

13 “(ii) crisis intervention prior to and
14 during an event of bioterrorism or other
15 public health emergency;

16 “(iii) information dissemination and
17 referral to specialty care for survivors of
18 an event of bioterrorism or other public
19 health emergency;

20 “(iv) data collection; and

21 “(v) follow-up consultations.

22 “(C) TRAINING.—The National Disaster
23 Medical System shall coordinate with the Na-
24 tional Center for Public Mental Health Emer-
25 gency Preparedness to ensure that, as part of

1 their training, Disaster Medical Assistance
 2 Teams include the training curricula for emer-
 3 gency health professionals established under
 4 section 599A.

5 “(D) DEFINITIONS.—In this paragraph:

6 “(i) DISASTER MEDICAL ASSISTANCE
 7 TEAMS.—The term ‘Disaster Medical As-
 8 sistance Teams’ means teams of profes-
 9 sional medical personnel that provide emer-
 10 gency medical care during a disaster or
 11 public health emergency.

12 “(ii) RAPID PSYCHOLOGICAL
 13 TRIAGE.—The term ‘rapid psychological
 14 triage’ means the accurate and rapid iden-
 15 tification of individuals at varied levels of
 16 risk in the aftermath of a public health
 17 emergency, in order to provide the appro-
 18 priate, acute intervention for those affected
 19 individuals.

20 “(iii) DATA COLLECTION.—The term
 21 ‘data collection’ means the use of stand-
 22 ardized, consistent, and accurate methods
 23 to report evidence-based or emerging best
 24 practices, triage mental health data ob-

- 1 tained from survivors of an event of bioter-
- 2 rorism or other public health emergency.”.

○